

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/20/2015
NAME OF PROVIDER OR SUPPLIER SCOTT'S HOME HEALTHCARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1817 DOGWOOD CT KOKOMO, IN 46902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{G 000}	<p>INITIAL COMMENTS</p> <p>This revisit was for a Federal Home Health agency complaint investigation survey conducted concurrent with a Federal recertification survey on February 18, 19, 20, and 23, 2015 that resulted in an extended survey.</p> <p>Complaint # IN00160903 - Substantiated: Federal deficiencies related to the allegation were cited.</p> <p>Survey Date: May 20, 2015</p> <p>Facility #: 12928</p> <p>Medicaid #: 201091400</p> <p>Scott's Home Healthcare LLC is in compliance with the Conditions of Participation 42 CFR 484.10(c)(1), 484.12(c), 484.18, 484.36(c)(2), and 484.48.</p> <p>One (1) condition and 5 standard level deficiencies were found to be corrected during this survey.</p> <p>Scott's Home Healthcare LLC is precluded from providing its own training and competency evaluation program for a period of 2 years beginning February 23, 2015, to February 23, 2017, for being out of compliance with the Conditions of Participation 484.48: Clinical Records.</p> <p>QR: JE 5/21/15</p>	{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.